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| **Rationale of Checklist** | | | |
| This checklist will be completed by the CPSC sub-committee for every new or recommissioned service specification sent to CPSC for comment/consultation. The response summary is completed after consultation and agreement by the sub-committee.  The Checklist contains CPSC sub-committee’s comments/recommendations for any requested changes to the proposed/draft service specification in order to achieve / improve further the green rating. It will be sent to the service commissioner for consideration of amendments ideally prior to go-live of the service.  CPSC’s purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation. | | | |
| **Response summary feedback from CPSC** | | | |
| **Needle & Syringe Programme, Southampton CC** | | | |
| CPSC has rated this service specification as Amber based on the comments made below. Our recommended actions to further improve the service are:   1. Backfill payment for attendance of the compulsory annual workshop will be paid for 1 member from each pharmacy post attendance. 2. Remuneration now per transaction and for pick and mix transactions. 3. No remuneration for Hep B vaccination of staff that have been strongly recommended for by SCC to have such vaccination. The cost to the contractor is per person, making viability of providing this service questionable for most pharmacies.   Approval will need to be obtained from primary care commissioning before payment will be authorised   1. We question whether just 2 sites for provision of the pick and mix scheme satisfies the needs of the city from an access point of view. 2. Payments are made quarterly within one or two months of submitting claim. This needs better clarification in wording of Service Spec. It would be preferable to have a quicker payment period, as payments could be up to 5 months after providing service which is not good for pharmacy cash flow. | | | |
| **Time-line & Next Steps for CPSC** | | | |
| CPSC will publish this service participation rating to contractors.  Publication of this recommendation will be via individual email and posting on our website.  Commissioners are asked to please respond promptly with feedback / proposed changes so that they can be included within CPSC’s recommendation to its contractors. | | | |
| **Commissioners response to CPSC feedback** | | | |
| Please enter response here, returning promptly to [richard.buxton@cpsc.org.uk](mailto:richard.buxton@cpsc.org.uk)  Thank you for your feedback, which we have considered carefully. This is the list of your concerns (*black italics*) followed by our response (blue).  Charlotte Matthews, Public Health Consultant 28/05/19.  *recommended actions to further improve the service are:*   1. *Backfill payment for attendance of the compulsory annual workshop. Previously this has been queried by CPSC and the response received back was “It is not common practice for us to provide back fill for training events. We feel that this is part of a pharmacists CPD and wrapped up in the per patient or per activity payment.” The second part of this answer is certainly no longer valid!*   Response:  I am not aware of the historic view. Only one person per pharmacy need attend the workshop. We can pay backfill, retrospectively following attendance. Other staff are welcome to attend for their CPD but we unfortunately have to limit backfill to what we can afford and what is essential for quality.   1. *Improved remuneration from current. This rate undervalues the service provided by community pharmacies and the health & social benefits that the service creates. The rate is lower than all other local commissioners.*   Response:  We have reviewed what we can offer and can increase this for each standard transaction and for each pick-and-mix transaction.   1. *No remuneration for Hep B vaccination of staff that have been strongly recommended for by SCC to have such vaccination. The cost to the contractor is per person, making viability of providing this service questionable for most pharmacies.*   Response:  The vaccination used to be provided for free by our substance misuse service. This might not be possible anymore, in which case we can reimburse the cost of the vaccination for staff. Pharmacies should contact our primary care commissioning colleagues in advance for our approval.   1. *We question whether just 2 sites for provision of the pick and mix scheme satisfies the needs of the city from an access point of view. How is this convenient for client usage?*   Response:  This is a service development for us. We need to establish local cost-effectiveness and demand. Our substance misuse service and hostels also offer needle syringe programmes, with pick-and-mix options where possible. We recognise the additional time and space a pick-and-mix service requires. We also cannot currently afford a greater share of this activity.   1. *Payments are made quarterly within one or two months of submitting claim. This needs better clarification in wording of Service Spec. It would be preferable to have a quicker payment period, as payments could be up to 5 months after providing service which is not good for pharmacy’s cash flow.*   Response:  Unfortunately we do not have the infrastructure to offer payment more frequently or faster. We aim to pay invoices within 28 days of receipt. | | | |
| **Point Covered** | | | **Action or Notes** |
|  | | **CPSC Consultation** | |
| CPSC Consulted? | | | Yes |
| CPSC Consulted with sufficient time to comment? | | | Yes |
|  | | **Remuneration** | |
| Does remuneration include/cover set up costs, backfill, consumables etc..? | | | No set up, backfill or consumables costs involved.  All consumables provided (needles, syringes, other harm minimisation paraphernalia, personal sharps bins and dedicated waste disposal contractor)  No off-site training required, all completed on-line  No requirement for DBS of staff involved  Annual workshop attendance is required – backfill provided for 1 member of each pharmacy attending |
| Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable? | | | Yes, PharmOutcomes  Automated claims sent quarterly, but paid one or two months in arrears |
| Where equipment is required who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this? | | | No equipment required except provision of a sufficient level of privacy and safety for service users and other members of the public  Use of PharmOutcomes to enter information  Consumables provided as described above |
| Is remuneration fair? | | | per transaction  per pick and mix transaction (for maximum of two pharmacies in city that are awarded this).  Remuneration for Hep C vaccination one individual basis – approval needs to be requested prior to initiation of course  No remuneration for collection and storage of needle exchange bins on premises |
|  | **Is/does the Service.....** | | |
| Sustainable? | | | Yes |
| Clinically sound and in line with appropriate National or local guidance? | | | Yes  Reduce the rate of sharing and other high-risk injecting behaviours and reducing the spread of BBVs are local and national priorities. |
| Enhance patient care? | | | Yes |
| Have suitable monitoring arrangements and termination clauses? | | | Three months’ notice if the pharmacy wishes to terminate.  SCC can terminate immediately where there are reasonable grounds. |
| Enhance relationships with other HCPs? | | | Yes  Collaboration with primary care and specialist substance misuse service providers |
| Deliverable? | | | Yes |
| Attractive enough for contractors to consider it worthwhile? | | | Maybe |
| Have performance criteria that supports a quality service? | | | Service to be available preferably during all opening hours.  Pharmacy will maintain appropriate records using PharmOutcomes. |
|  | **Service Delivery** | | |
| Are the performance measures reasonable and achievable? | | | N/A |
| Is the administration proportional to size or service and remuneration? | | | Yes |
| Are any reporting systems suitable to all contractors? | | | PharmOutcomes requires internet access  Use essential to enter information |
| Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff. | | | Completion of CPPE learning pack & online assessment ‘Substance Use and Misuse’ within 3 months of signing agreement.  Pharmacist must have a signed version of the DoC for Needle Exchange and must review this every 3 years.  Key staff should attend an annual workshop for education and training.  Sharps Safety Guidelines supplied for the team to reduce risk of needle stick injury.  Substance Misuse signposting details provided. |
| Does record keeping or sharing of information requirements meet current IG regulations. | | | Yes  All records are kept securely on PharmOutcomes |
|  | **Miscellaneous Information** | | |
| Any other information specific to this service. | | |  |
| Suggested RAG Rating | | |  |